

Faulty hearing, he says, is not a handicap like faulty eyesight, as deaf-mutes "have proved themselves nearest perfect in all Pennsylvania's thousands of motorists, according to statistics compiled by the Keystone Automobile Club."

The Committee will further inquire into the issuance of licenses, correlation of accident records, effect of the practice of recording law infractions or accident records on the back of drivers' licenses, and various other conditions.

The Committee has a big job cut out for itself, and its report when made will demand attention by all interested.

(COPY)

WALK WITH CARE, SAFETY COUNCIL URGES; PEDESTRIAN DANGER TOLD

Most persons killed or injured in traffic accidents in cities are pedestrians, and most of these accidents occur after dark, according to the California Traffic Safety Council which is aggressively conducting a campaign to advise pedestrians and motorists to cooperate in avoiding such accidents.

The Safety Council points out that in some metropolitan areas 79 per cent of the pedestrians involved are killed at night. The Safety Council suggests that pedestrians can avoid accidents by obeying a few simple rules, as follows:

1. Watch for the lights of an automobile and wait until the car passes. It is easier for the pedestrian to see the automobile lights than it is for the motorist to see the pedestrian—especially when turning around corners.

2. Strictly obey the traffic signals—day or night—and do not jaywalk. Most pedestrian accidents of the more serious character occur out in the residential districts, where the average automobile speed is higher than downtown.

3. Wear something white. It is easier for a motorist to see white at night. Most pedestrian victims, according to police and coroner's reports, are dressed in dark clothes.

The California Safety Council is assisting local groups in reducing pedestrian hazards, according to Fred D. Parr, President of the Council. Children and aged people are vulnerable, he added.

Subject: National Society for the Prevention of Blindness, Inc.

The National Society for the Prevention of Blindness, Inc. (Incorporated in the State of New York), is rendering a service throughout the United States. It is a membership and nonprofit health organization, supported by voluntary contributions, membership dues, legacies and bequests; it receives no federal, state, or city aid, nor grants from any Community Chests. It is endorsed by the National Information Bureau, Inc., 215 Fourth Avenue, New York, N. Y., and is a member of the National Health Council, 50 West Fiftieth Street, New York, N. Y.

This corporation is concerned with the control, and, where possible, the elimination of the causes of blindness, impaired vision, and eyestrain—not with the activities on behalf of those already blind. In this respect it operates in a field peculiarly its own and performs a much needed service to society. Particular attention is given to:

1. Coöperating with the medical profession in devising measures and instituting procedures for the conservation of vision and the reduction of blindness.

2. Collaborating with those in industry who are striving to reduce eye injuries and eyestrain.

3. Assisting nurses to become increasingly aware of their opportunities for conserving sight; and of the relationship between eye health and general health.

4. Demonstrating the value of trained medical social workers in eye hospitals and clinics and helping such workers to secure specialized training.

5. Coöperating with educational authorities in:

- (a) Conserving the vision of school and college students.

- (b) Establishing sight-saving classes for children whose vision is so defective that they cannot profitably use ordinary school equipment.

- (c) Providing specialized training for teachers of sight-saving classes.

- (d) Helping student-teachers secure better preparation for meeting the eye health problems of school children.

6. Stressing the value of properly caring for the eyes of preschool children, and demonstrating an approved method of testing their vision in order to discover those who will benefit from early treatment.

7. Furthering the universal use of preventive measures before and at birth to protect babies' eyes from infection.

8. Encouraging adequate prenatal care for every expectant mother, including a blood test and treatment when necessary as the means of preventing blindness from prenatal syphilis.

9. Furnishing information regarding the relationship between the conservation of vision and numerous environmental factors including: quality and intensity of illumination, size and style of type, quality of paper, etc.

10. Stimulating further investigation and study of the causes of blindness and impaired vision.

11. Counselling governmental and voluntary agencies working for the conservation of vision.

12. Serving as a clearing-house on all matters pertaining to the prevention of blindness and the conservation of vision; providing the public with information concerning the care and use of the eyes.

The nature of the Society's work is such that its public usefulness can be materially enhanced by any increase in its resources. There are numerous fields in which it could be of great public benefit, but from which the Society is now precluded, or in which its activity is limited, for lack of sufficient funds.

Inquiries for further information welcomed.

50 West Fiftieth Street, New York.

Subject: Nomenclature of disease: Re poliomyelitis.

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

November 22, 1939.

To the Editor:—For your information, I am attaching hereto a copy of a letter addressed to Dr. W. C. Dickie, Director, State Department of Public Health, regarding reporting of virus diseases.

101 Grove Street.

Sincerely,

J. C. GEIGER, M. D., *Director.*

(COPY)

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

November 17, 1939.

My dear Doctor Dickie:

The diagnosis of virus diseases has brought forth a considerable amount of confusion as to clinical entity, with the result that many statistical errors must have been recorded. This is particularly true in respect to the disease acute anterior poliomyelitis. This disease today is not infrequently confused with some type of acute encephalitis and at other times with encephalomyelitis, or with chorio-meningitis. Careful clinicians in this city have at times found it necessary to change the original diagnosis as first reported to the San Francisco Department of Public Health due to subsequent laboratory evidence. For virus disease investigation, several weeks are often needed.

After conference with the San Francisco Department of Public Health Committee on Poliomyelitis, it was agreed that a new policy should be adopted relative to the diagnosis and reporting of virus diseases.

Acute cases showing no muscular weakness or paralysis in the group which might be labeled poliomyelitis, should be tentatively diagnosed acute neurotropic virus disease. These cases should be thoroughly studied, especially re-

garding laboratory tests of the blood and spinal fluid. When the diagnosis is finally made, such diagnosis should be sent to the State Department of Public Health. In the meantime the usual routine epidemiological studies, including isolation and quarantine of the patient and contacts would be carried out.

Would it be possible to arrange for this change in reporting to the State Department along the lines suggested above. I feel sure it would result in much more accurate figures, especially for poliomyelitis.

Sincerely,

J. C. GEIGER, M. D., *Director.*

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, *Esq.*
San Francisco

Statutes Enacted by the 1939 Legislature Which Are of Interest to the Medical Profession.

Two of the most important laws passed by the 1939 legislature were the measures providing for premarital (Chapter 127) and prenatal examination (Chapter 3822). Since these measures have received lengthy discussion in several articles (see September, 1939, issue of CALIFORNIA AND WESTERN MEDICINE at page 200), they will not be reviewed here.

Other laws were passed which, although they have not received as much publicity as the premarital and prenatal examination laws, should be of interest to a large body of the medical profession.

Chapter 360. Qualifications of Drugless Practitioners.

Qualifications of drugless practitioners have been raised to require a study course of not less than 3,000 hours as compared to 2,000 hours required previously. The course of study must include anatomy, histology, elementary chemistry and toxicology, physiology, elementary bacteriology, hygiene, pathology, diagnosis, manipulative and mechanical therapy, gynecology, and obstetrics.

Chapter 1021. Chiropodists.

This chapter requires all applicants graduating from a chiropody college after January 1, 1941, to have had one year of resident work of college grade before entering the chiropody college in a school approved by the Board of Medical Examiners.

Chapter 250. Medical Services Plans: Pay-Roll Deduction for Public Employees.

This chapter authorizes governing bodies of counties, school districts, municipal corporations, political subdivisions, public corporations and other public agencies to adopt and carry into effect a system of medical and hospital service through nonprofit corporations. The system applies to all employees who may elect to accept it, and who have authorized the governing body to make pay-roll deductions. Membership is, therefore, voluntary, but can apparently be paid for only by the pay-roll deduction method. The system must be open to participation by all licentiates of the particular class (doctors of medicine, osteopathy, chiropractic, etc.), offering services through such corporation.

The statute also authorizes the governing bodies to adopt and carry into effect systems of group life, accident and/or health insurance or to purchase group policies of life, health and/or accident insurance, both on the basis of voluntary acceptance by the employee.

Chapter 112. Municipal Hospitals in Fifth and Sixth Class Cities.

This measure permits these hospitals to enter into non-profit hospital service plan contracts.

Chapter 281. Qualifications of Applicants for Physicians' and Surgeons' Certificates.

Article 5 of the Business and Professions Code has been amended to change the qualifications for the certificate to practice medicine. For further information concerning qualifications, the Code itself should be consulted.

Chapter 341. Internship.

Section 2147.5 has been added to the Business and Professions Code and changes the regulations concerning practice of medicine or osteopathy by students and graduate students who are not yet holders of a certificate to practice. The section provides that graduate students of approved schools of medicine or osteopathy, or regularly matriculated students in approved schools, may as a part of their course of study treat the sick either in their school or as an interne in a hospital approved for the training of internes and receive from the school or hospital compensation for such services. However, the section limits to two years the period within which students and graduate students can perform the above services without being licensed to practice medicine and surgery.

Chapter 343. Use of the Title "Doctor."

Section 2409 has been added to the Business and Professions Code and provides:

Unless a person licensed and authorized under this chapter or any preceding medical practice act to use the title "doctor" or the letters or prefix "Dr." holds a physicians' and surgeon's certificate, the use of this title or these letters or prefixes without further indicating the type of certificate he holds, constitutes unprofessional conduct within the meaning of this chapter.

Chapter 344. Use of Term "Drugless Practitioner."

Section 2142.5 has been added to the Business and Professions Code and reads as follows:

Any person who uses in any sign or advertisement the word, term or suffix "drugless practitioner" without having at the time of so doing a valid, unrevoked certificate, as provided in this chapter, is guilty of a misdemeanor.

Chapter 955. Licensing of Dispensing Opticians.

This law provides for the licensing by the Board of Medical Examiners of persons engaged in filling optical prescriptions for physicians licensed by that board. Licensed optometrists or physicians and surgeons are exempt unless they are exclusively engaged in the business of filling prescriptions for physicians and surgeons, in which case they, too, must procure such a license.

Chapter 467. Internes in State Hospitals.

Internes in state hospitals may now be classified as "senior internes" who must have a certificate from the State Board of Medical Examiners (which is the present requirement for all internes) and "student internes" who must have such certificate or be eligible to take an examination for it.

Chapter 1097. Narcotic Prescriptions.

All prescriptions of narcotics are now required to be in handwriting and on forms issued by the Division of Narcotic Enforcement. Prescriptions for certain codein preparations of United States Dispensatory as well as those of United States Pharmacopoeia and National Formulary are exempt.

Other measures were passed dealing with insane persons, crippled children, and hospital regulation. However, since these measures are of interest to specialized groups only, they will not be fully discussed here.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.